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ABSTRACT

The field of pediatric psychology is a relatively new and emerging specialty, with medical center departments of pediatrics increasingly employing child-oriented psychologists. Since there are no doctoral programs in pediatric psychology, school psychologists with specialized internship training in pediatric psychology are well qualified for these positions. The most frequently seen clinical problems are learning disabilities, conduct disorders, mental retardation, developmental delays, medically-related disorders, neuroses, and adjustment reactions. Service priorities focus on assessment, treatment, consultation, and research, in that order. The assessment techniques stressed in pediatric psychology include intelligence, personality, and developmental measures; interviews; achievement tests; and neuropsychological measures. Intervention strategies focus on short term behavioral techniques, parent counseling, and play, group, and/or family therapy. In contrast to typical school psychologist roles, the pediatric psychologist is engaged in working with handicapped children, very young children, and chronically ill children, in the areas of behavioral medicine, and in collaboration with medical personnel. Employment opportunities are on the rise as new medical models involve psychology in health care. (A list of 20 medical facilities offering postdoctoral training in pediatric psychology is appended.) (BL)

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THE SCHOOL PSYCHOLOGIST IN A DEPARTMENT OF PEDIATRICS

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THE SCHOOL PSYCHOLOGIST IN A DEPARTMENT OF PEDIATRICS

The field of pediatric psychology is a relatively new and emerging specialty, and departments of pediatrics in medical centers are increasingly employing chlid-oriented ("pediatric") psychologists. These new positions typically include diagnostic and assessment activities with children (infancy through adolescence), short-term individual, group and family therapy, liaison with schools and community agencies, consultation to the pediatric medical staff, program evaluation and research, and training of residents and allied health personnel. Obviously, the doctoral level psychologist trained in school psychology is an attractive candidate for such a pediatric position.

The Society of Pediatric Psychology was formulated in 1968 and has expressed an interest since its inception in the training of pediatric psychologists. As the skills, roles, and goals of the pediatric psychologist have developed over the past fifteen years through experience in pediatric settings, training ideas have become more focused. Since there are no doctoral programs in pediatric psychology, specialized training is offered only at the internship or postdoctoral level. Therefore, the well-trained school psychology graduate is at no "training" disadvantage in seeking such positions within departments of pediatrics, and needs at a minimum a specialized internship and/or

postdoctoral training experience to embark on a pediatric psychology career.

The most frequently seen clinical problems in departments of pediatrics are learning disabilities (32%), conduct disorders (26%), mental retardation (11%), developmental delays (11%), medically related disorders (11%), neuroses (5%), and adjustment reactions (5%). In pediatric settings, learning disorders are most frequenlty seen, in contrast with conduct disorders, which are most frequently seen in community mental health centers.

Priorities within pediatric psychology practice are: assessment, treatment, consultation, and research, in that order. This is a second aspect that differentiates clinical child practice within a community mental health center, which typically reverses the priority of the first two activities (Tuma, 1982). In other words, the relative emphasis on assessment and developmental disabilities (particularly learning disabilities) makes the school psychologist at least as qualified as the clinical (child) psychologist to go on for the additional training needed to enter pediatric psychology practice.

The techniques stressed in pediatric psychology practice include intelligence measures (71%), personality techniques (71%), developmental tests (41%), interview techniques (24%), school achievement tests (18%), and neuropsychological measures (6%). Intervention strategies within pediatric settings include short-term behavioral techniques (68%),

parent counseling (61%), play therapy (58%), group therapy (21%), family therapy (20%), and crisis intervention (6%).

Typical activities/roles/functions that the pediatric psychologist engages in, similar to the school psychologist, include: 1) diagnostics/assessment with a wide variety of procedures applied to school-aged children; 2) report writing that emphasizes current developmental status, and psychoeducational and behavioral recommendations; 3) short-term psychotherapy, including crisis intervention, child, parent, and family counseling; 4) community consultation, particularly to schools; 5) multidisciplinary team functioning, and program development and evaluation.

In contrast, new roles that the psychologist trained in school psychologist could expect to engage in within a department of pediatrics include: 1) work with low incidence handicapping conditions; 2) involvement with very young patients (birth-to-preschool), and chronically ill children; 3) experience in behavioral medicine, such as relaxation training, biofeedback, clinical hypnosis; 4) consultation as an external agent from a tertiary care center; 5) research within pediatric psychology issues (e.g., outcome studies of high-risk infants, psychological aspects of infectious disease in children, stressful aspects of health care procedures, assessment of the physically handicapped and severely retarded); and 6) collaboration with medical personnel on a regular basis (rather than educational).

Employment Opportunities

Most of the members of The Society of Pediatric Psychology are employed in child medical facilities and only a small percentage work in traditional mental health settings. Seventy-five percent of the respondents of a recent survey work in medical schools, particularly in departments of pediatrics. Thirty-five percent are employed in private practice or work with pediatricians in group practice, and 16% in children's hospitals (Tuma, personal communication).

The job market for pediatric psychology is extremely attractive. A recent survey documented the increasing upswing in the hiring of child psychologists in medical settings (Lubin, Nathan, and Matarazzo, 1978). In addition, new medical models and the new psychosomatic models (Tuma, 1982) reflect both the increasing acceptance of psychological principles, and the movement toward increased involvement of psychologists in health care at all levels.

Training

Table 1 lists the approximately 20 medical facilities offering postdoctoral training in pediatric psychology. The medical center at which this writer works has recently submitted a proposal to begin such a training program, admitting one fellow per year. More detailed information on this program should be available in the Spring of 1983.

REFERENCES

Lubin, B., Nathan, R.G., & Matarazzo, J.D. Psychologists in medical education. American Psychologist, 1978, Vol. 33, 339-343.

Tuma, J.M. (Ed.). Directory: Internship programs in clinical child and pediatric psychology (incl. postdoctoral training programs), 2nd. ed. Baton Rouge, La.: Society of Pediatric Psychology, 1980.

Tuma, J.M. (Ed.) Handbook for the practice of pediatric psychology. New York: Wiley-Interscience, 1982.

Table 1
Facilities Offering Training in Pediatric
Psychology at the Postdoctoral Level

1. University of Alabama Medical Center
2. Children's Hospital of Los Angeles, University of Southern California
3. Georgetown University Hospital
4. J. Hollis Miller Medical Center, Gainesville, Florida
5. University of Iowa School of Medicine
6. Child Development Center, Ochsner Clinic and Alton Ochsner Medical Foundation, New Orleans*
7. University of Louisville School of Medicine
8. University of Maryland Hospital
9. John F. Kennedy Institute, Johns Hopkins Medical School, Baltimore
10. College of Human Medicine, Michigan State University
11. University of Rochester Medical Center
12. Division of Disorders of Development & Learning, University of North Carolina at Chapel Hill
13. University of Oaklahoma Medical School
14. University of Oregon Health Sciences Center
15. Child Development Center, UAF, Rhode Island Hospital
16. Child Development Division, University of Texas Medical Branch, Galveston, Texas
17. Medical College of Wisconsin
18. Developmental Evaluation Clinic, Children's Hospital, Harvard Medical School, Boston
19. Children's Rehabilitation Unit, University of Kansas Medical Center

*Training proposal recently submitted for approval